



MEMBERSHIP APPLICATION

Name: _____

Email Address: _____

Postal Address: _____

Telephone: (Home and cellphone): _____

I wish my membership details to remain confidential YES / NO

On joining Elmwood Players, you become a member of Christchurch's friendliest community theatre society. Membership is from 1 March to 28/29 February.

I am interested in the following (tick all that are applicable):

Acting		Set Construction		Properties	
Backstage		Set Painting		Production Manager	
Sound		Front of House		Directing	
Lighting		Stage Manager		Choreography	

My elected membership is: Production / Individual / Family (Please circle one)

Production: \$10 Limited to the duration of the production

Individual: \$40 Includes 4 single comps and regular newsletter

Family: \$50 Includes 4 double comps and regular newsletter

I enclose my cheque for \$_____ (Do not send cash in the mail)

Signed: _____

Date: _____

Elmwood Players P.O. Box 2585 Christchurch www.elmwood-players.org.nz